NARCOTIC INVENTORY

Providers who assist residents with prescribed narcotics are required to document an inventory at least monthly as described in IDAPA 16.03.19.402.05.e. Narcotic medications are opioid pain-relievers (e.g., Oxycodone, Hydrocodone, Morphine, Fentanyl, etc.).

PROVIDER INFORMATION

The provider is the adult operation	ng the certified fam	ily home and	responsible	for manage	ment of the residen	ıt's medication.				
Provider Name:				Certificate No.:						
NARCOTIC & INITIAL INVENTORY Identify the specific narcotic medication that is the subject of inventories recorded on this form and conduct an initial inventory of that medication. Return medications to their original containers after counting the Amount On-hand. Newly prescribed narcotics should be inventoried upon filling the prescription. Newly certified homes should inventory existing narcotics within 30 days of certification.										
Medication Name:			Dosage:							
Prescribed to Resident:			Amount On-hand:							
Provider Signature:		Date:	Time: A.M. □ P.M. □							
ONGOING INVENTORIES Conduct and document ongoing inventories of the narcotic named above <u>at least every 30 days</u> . The Previous Amount On-hand for the first ongoing inventory below equals the Amount On-hand from the Initial Inventory above; subsequently, the Previous Amount On-hand equals the Amount On-hand from the previous ongoing inventory. Return medications to their <u>original containers</u> after counting the Amount On-hand.										
PHYSICAL INVENTORY					RECORDS RECONCILIATION					
Date:	Time:	A.M. □	Р.М. 🗆		Previous Amount On-hand:					
Provider Signature:				(plus)	Amount Refilled S	Since Last Inventory	<i>l</i> :			
				(minus)		nce Last Inventory:				
Amount On-ha	and:			(minus)		d Since Last Invent	tory:			
				(equals)	Records Reconcil	liation Check:				
PHYSIC	CAL INVENTOR	RY		RECORDS RECONCILIATION						
Date:	Time:	A.M. 🗆	Р.М. 🗆		Previous Amount	On-hand:				
Provider Signature:				(plus)	Amount Refilled S	Since Last Inventory	/ :			
	•			(minus) Amount Given Since Last Inventory:						
Amount On-ha	and:			(minus)	,					
				(equals)	Records Reconcil	liation Check:				
PHYSICAL INVENTORY					RECORI	OS RECONCILI	ATION			
Date:	Time:	А.М. 🗆	Р.М. 🗆		Previous Amount	On-hand:				
Provider Signature:				(plus)	Amount Refilled S	Since Last Inventory	/ :			
				(minus)		nce Last Inventory:				
Amount On-ha	and:			(minus)	•	d Since Last Invent	tory:			
				(equals)	Records Reconcil	liation Check:				
PHYSICAL INVENTORY					RECORDS RECONCILIATION					
Date:	Time:	А.М. 🗆	Р.М. 🗆		Previous Amount	On-hand:				
Provider Signature:				(plus)	Amount Refilled S	Since Last Inventory	/ :			
				(minus)		nce Last Inventory:				
Amount On-hand:					s) Amount Destroyed Since Last Inventory:					
				(equals)	Records Reconcil	liation Check:				
PHYSICAL INVENTORY					RECORI	OS RECONCILI	ATION			
Date:	Time:	A.M. 🗆	P.M. 🗆		Previous Amount	On-hand:				
Provider Signature:				(plus)	Amount Refilled S	Since Last Inventory	<i>I</i> :			
				(minus)	Amount Given Sir	nce Last Inventory:				
Amount On-hand:					us) Amount Destroyed Since Last Inventory:					
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PHYSICAL INVENTORY				RECORDS RECONCILIATION			
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Provider Signature:	•			(plus)	Amount Refilled Since Last Inventory:		
	_			(minus)	Amount Given Since Last Inventory:		
Amount On-hand:					Amount Destroyed Since Last Inventory:		
				(equals)	Records Reconciliation Check:		
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	ICAL INVENTO			1	RECORDS RECONCILIATION		
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Provider Signature:				(plus)	Amount Refilled Since Last Inventory:		
				(minus)	Amount Given Since Last Inventory:		
Amount On-h	and:			(minus)	Amount Destroyed Since Last Inventory:		
				(equals)	Records Reconciliation Check:		
PHYSICAL INVENTORY					RECORDS RECONCILIATION		
Date:	Time:	A.M. 🗆	P.M. 🗆		Previous Amount On-hand:		
Provider Signature:	1	, <u>—</u>		(plus)	Amount Refilled Since Last Inventory:		
				(minus)	Amount Given Since Last Inventory:		
Amount On-h	and.			(minus)	Amount Destroyed Since Last Inventory:		
	ana.			(equals)	Records Reconciliation Check:		
PHYSI	ICAL INVENTO	RY			RECORDS RECONCILIATION		
Date:	Time:	А.М. 🗆	Р.М. 🔲		Previous Amount On-hand:		
Provider Signature:				(plus)	Amount Refilled Since Last Inventory:		
					Amount Given Since Last Inventory:		
Amount On-h	Amount On-hand:			(minus)	, ,		
				(equals)	Records Reconciliation Check:		
PHYSICAL INVENTORY					RECORDS RECONCILIATION		
Date:	Time:	A.M. 🗆	Р.М. 🗆		Previous Amount On-hand:		
Provider Signature:	•			(plus)	Amount Refilled Since Last Inventory:		
	_			(minus)	Amount Given Since Last Inventory:		
l Amount On-h	and:			(minus)	Amount Destroyed Since Last Inventory:		
				(equals)	Records Reconciliation Check:		
PHYSICAL INVENTORY					RECORDS RECONCILIATION		
Date:	Time:	A.M. 🗆	P.M. 🗆		Previous Amount On-hand:		
Provider Signature:	Time.	A.IVI. L	1 .IVI. L	(plus)	Amount Refilled Since Last Inventory:		
1 To vidor Orginataro.				(minus)	Amount Given Since Last Inventory:		
Amount On-hand:					Amount Destroyed Since Last Inventory:		
	and.			(minus) (equals)	Records Reconciliation Check:		
PHYSICAL INVENTORY					RECORDS RECONCILIATION		
Date:	Time:	А.М. 🗆	P.M. 🗆		Previous Amount On-hand:		
Provider Signature:				(plus)	Amount Refilled Since Last Inventory:		
				(minus)	Amount Given Since Last Inventory:		
Amount On-h	and:			(minus)	Amount Destroyed Since Last Inventory:		
				(eguals)	Records Reconciliation Check:		